




**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243**

MEMORANDUM

DATE: November 16, 2007

TO: Kathleen Clinton, John Craven, and C.J. McMorran

FROM: Stephen H. Norris
Deputy Commissioner 

SUBJECT: CMS Assurances Involving Annual Level of Care Reevaluation Decisions

The Centers for Medicare and Medicaid Services (CMS) has certain quality review requirements involving annual level of care reevaluation decisions (i.e., annual level of care recertifications).

The Division of Mental Retardation Services (DMRS) is required to assure that:

- (1) The level of care of service recipients enrolled in a Home and Community-Based Services waiver is reevaluated at least annually;
- (2) The process and instrument described in the approved HCBS waiver is used to perform the annual level of care reevaluations; and
- (3) The annual level of care reevaluation decisions are monitored and action is taken to address inappropriate determinations.

During the evidentiary review process for renewal of the Self-Determination Waiver Program, DMRS was required to provide written assurance to CMS that the above requirements will be met (see enclosure). In September of 2007, DMRS assured CMS that the process would be implemented within the next 6 months. Please review the enclosed assurances that were submitted to CMS and implement the review processes that are outlined for the Self-Determination Waiver by March 31, 2008.

CMS requires the data to be collected in a manner so that it can be reported separately for each waiver (i.e., Self Determination Waiver, "Statewide" waiver, "Arlington waiver"). Thus, a similar process will need to be in place by June 30, 2008, for the "Statewide waiver" and for the "Arlington" waiver.

If you have any questions, please contact Gina Lynette, Deputy Director of Person-Centered Practice, at (615) 253-6879.

SHN:wlm

cc: Debbie Payne Joanna Damons, R.N. Larry Latham, Ph.D. Fred Hix	Denine Hunt Gina Lynette Laura Dautre Louis Moore, M.D.
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Assurance: The level of care of enrolled participants is reevaluated at least annually, and the process and instrument described in the approved waiver is used to perform annual level of care reevaluations.

The following action plan will be implemented during the next six (6) months:

1. Each DMRS Regional Office will maintain a tracking log of level of care reevaluation due dates that identifies the specific Medicaid waiver program and will monitor it on a monthly basis to ensure timely receipt of the correct form. *(Note: It is permissible for the tracking log to be computer-generated.)*
2. Upon receipt, the DMRS Regional Office staff will review each level of care reevaluation form to determine that the required form has been completed by qualified staff and that it has been completed within the required time period.
3. A monthly report will be prepared for the Self-Determination Waiver program that:
 - a. Specifies the number of reevaluations that were:
 - (1) Not submitted on the required form;
 - (2) Not fully completed;
 - (3) Not completed by qualified staff as specified in the waiver; or
 - (4) Not submitted within the required time period specified in the waiver (i.e., every 12 months); and
 - b. Identifies trends, if any.
4. The DMRS Regional Director will be promptly notified if the level of care reevaluation was not performed within the required time period so that corrective action can be taken.
5. The monthly report will be distributed to the DMRS Regional Director and to the DMRS Deputy Director of Person-Centered Practice for review.
6. The DMRS Deputy Director of Person-Centered Practice will aggregate the regional reports into a single waiver-specific report.
7. If trends are identified, the DMRS Deputy Director of Person-Centered Practice will be responsible for ensuring that the case manager or other person for whom the trend was identified will be provided remedial training.
8. After remedial training has been provided, the DMRS Regional Office will perform a focused review of all reevaluations submitted by the case manager or other person for a 30-day period to assess the effectiveness of the training, and the results of the assessment will be provided to the DMRS Deputy Director of Person-Centered Practice for follow-up.

Assurance: The annual level of care reevaluation decisions are monitored and action is taken to address inappropriate determinations.

The following action plan will be implemented during the next six (6) months:

1. The DMRS Regional Office will monitor the annual level of care reevaluation decisions on a monthly basis and will take action to address inappropriate determinations.
2. A 20% sample of annual level of care reevaluations received each month by the Regional Office for the Self-Determination Waiver program will be randomly selected for review. *(Note: A 20% sample will be used for the "Arlington" waiver, and a sample of 10 reevaluations will be used for the "Statewide" waiver.)*
3. The level of care reevaluation and the corresponding Individual Support Plan will be reviewed by Regional Office plans review staff to determine if there is documentation to support the reevaluation decision.
4. A monthly report will be prepared for the Self-Determination Waiver program that:
 - a. Specifies the number of acceptable reevaluation decisions;
 - b. Specifies the number of reevaluation decisions that are questionable; and
 - c. Identifies trends, if any, in questionable reevaluation decisions.
5. The monthly report will be distributed to the DMRS Regional Director and to the DMRS Deputy Director of Person-Centered Practice for review.
6. The DMRS Deputy Director of Person-Centered Practice will aggregate the regional reports into a single waiver-specific report.
7. If trends are identified, the DMRS Deputy Director of Person-Centered Practice will be responsible for ensuring that the case manager or other person for whom the trend was identified will be provided remedial training in making appropriate level of care reevaluation decisions.
8. After remedial training has been provided, the DMRS Regional Office will perform a focused review of all reevaluation decisions submitted by the case manager or other person for a 30-day period to assess the effectiveness of the training, and the results of the assessment will be provided to the DMRS Deputy Director of Person-Centered Practice for follow-up.